Image# 12954341060 PAGE 1 / 38

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

I ONIW 3X	For Other	Than An Auth	orized Commit	ee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR	PRINT ▼	Example: If typ over the lines.	ing, type	12FE4M5	
TEXAS SPINE AND	JOINT HO	OSPITAL PAC	,			
ADDRESS (number and street)	1814 RO	SELAND BLVD				
Check if different						
than previously reported. (ACC)	TYLER				TX L	75701
2. FEC IDENTIFICATION	NUMBER ▼	CIT	(5	STATE A	ZIP CODE ▲
C C00437525		3. IS		NEW (N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Mor Rep		20 (M2)	May 20 (M5)		20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar	20 (M3)	Jun 20 (M6)	Sep	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Repor		Apr 2	20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
July 15	(C)	12-Day PRE-Election	Primary (12	P)	General (12G) Runoff (12R)
Quarterly Repor	t (Q2)	Report for the:	Convention	(12C)	Special (12S)
January 31		Election	M M /	D D /	Y	in the State of
Year-End Report July 31 Mid-Year Report (Non-ele	ar (d)	30-Day				
Year Only) (MY		POST-Election Report for the:	General (30	G)	Runoff (3	0R) Special (30S)
Termination Rep (TER)	oort	Election	n on	D D /	Y	in the State of
5. Covering Period	M M / D 01	2012	through	09	/ D D /	2012
I certify that I have examined	d this Report a	nd to the best of	my knowledge and	belief it is true	e, correct and	I complete.
Type or Print Name of Treas	surer ANTHO	NY WAHL				
Signature of Treasurer	ANTHONY WAHL		[Electronical	ly Filed] D	ate 10	12 / 2012
NOTE: Submission of false, en	roneous, or inc	omplete information	may subject the pe	rson signing th	is Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

TEXAS SPINE AND JOINT HOSPITAL PAC

2012 09 30 2012 Report Covering the Period: 07 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 65910.94 January 1, 2012 (b) Cash on Hand at 34919.94 Beginning of Reporting Period..... 52332.00 19323.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 54242.94 118242.94 6(a) and 6(c) for Column B)..... 50000.00 114000.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 4242.94 4242.94 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

TEXAS SPINE AND JOINT HOSPITAL PAC

I. Receipts Is (other than loans) From: Itals/Persons Other Political Committees Inized (use Schedule A) Itemized	COLUMN A Total This Period 19245.00 78.00 19323.00 0.00 0.00	COLUMN B Calendar Year-to-Date 44289.00 3043.00 47332.00 0.00
Idals/Persons Other Political Committees Inized (use Schedule A)	78.00 19323.00 0.00	3043.00 47332.00
Political Committees Inized (use Schedule A) Itemized TAL (add es 11(a)(i) and (ii) I Party Committees Political Committees as PACs)	78.00 19323.00 0.00	3043.00 47332.00
temized (use Schedule A) temized TAL (add es 11(a)(i) and (ii) I Party Committees Political Committees as PACs)	78.00 19323.00 0.00	3043.00 47332.00
temized TAL (add es 11(a)(i) and (ii) I Party Committees Political Committees as PACs)	78.00 19323.00 0.00	3043.00 47332.00
TAL (add es 11(a)(i) and (ii)▶ I Party Committees Political Committees as PACs)	19323.00 0.00	47332.00
I Party Committees Political Committees as PACs)	0.00	
Political Committees as PACs)		0.00
as PACs)	0.00	
ontributions (add Lines		0.00
(b), and (c)) (Carry to Line 33, page 5)	19323.00	47332.00
rom Affiliated/Other nittees	0.00	0.00
eceived	0.00	0.00
ments Received	0.00	0.00
	7	
lebates, etc.)		
s to Line 37, page 5)	0.00	0.00
Contributions Made	, , , , , , , , , , , , , , , , , , , ,	
Candidates and Other		
mmittees	0.00	5000.00
ral Receipts		
Interest, etc.)	0.00	0.00
om Non-Federal and Levin Funds	, , , , , , , , , , , , , , , , , , , ,	
Schedule H3)	0.00	0.00
	0.00	0.00
unds (from Schedule H5)	0.00	0.00
ansfers (add 18(a) and 18(b))	0.00	0.00
	rom Affiliated/Other nittees	nittees

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period					
. Operating Expenditures: —— (a) Allocated Federal/Non-Federal		Calendar Year-to-Date				
Activity (from Schedule H4)						
(i) Federal Share	0.00	0.00				
400 A. T	0.00	0.00				
(ii) Non-Federal Share	0.00	0.00				
(b) Other Federal Operating	0.00	0.00				
Expenditures	0.00	0.00				
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00				
Transfers to Affiliated/Other Party	7					
Committees	0.00	0.00				
Contributions to Federal Candidates/Committees						
and Other Political Committees	50000.00	114000.00				
Independent Expenditures						
(use Schedule E) Coordinated Party Expenditures	0.00	0.00				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00					
(use Schedule F)	0.00	0.00				
Lean Danaymenta Mada	0.00	0.00				
Loan Repayments Made	0.00	0.00				
Loans Made	0.00	0.00				
Refunds of Contributions To:						
(a) Individuals/Persons Other Than Political Committees	0.00	0.00				
<u> </u>						
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees						
(such as PACs)	0.00	0.00				
(d) Total Contribution Defunds						
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00				
(add Lines 20(a), (b), and (c))						
Other Disbursements	0.00	0.00				
Federal Election Activity (2 U.S.C. §431(20))						
(a) Allocated Federal Election Activity						
(from Schedule H6)		0.00				
(i) Federal Share	0.00	0.00				
(") III - 1 II Ob - 1	0.00	0.00				
(ii) "Levin" Share	0.00	0.00				
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00				
(c) Total Federal Election Activity (add	0.00					
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00				
Total Disbursements (add Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	50000.00	114000.00				
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii)						
from Line 31)	50000.00	114000.00				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	19323.00	47332.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19323.00	47332.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

Use separate schedule(s) for each category of the Detailed Summary Page

						PAGE	6	OF	38
(check only one)									
	X	11a		11b		11c	12	2	
		13		14		15	16	3	17

ΟI	tor commercial purposes, other than using the	name and address of any political committee to	Solicit Continuutions from Such Committee.
\rangle	NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HOS	SPITAL PAC	
۸.	Full Name (Last, First, Middle Initial) TIMOTHY BECK Mailing Address 9132 CHEROKEE TRAIL		Date of Receipt
	City TYLER	State Zip Code TX 75703	7 01 2012 Transaction ID : SA11AI.4981 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
3.	Full Name (Last, First, Middle Initial) TIMOTHY BECK		Date of Receipt
	Mailing Address 9132 CHEROKEE TRAIL City TYLER	State Zip Code TX 75703	07 25 2012 Transaction ID : SA11Al.5013
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
	Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
).	Full Name (Last, First, Middle Initial) TIMOTHY BECK		Date of Receipt
	Mailing Address 9132 CHEROKEE TRAIL		08 30 2012
	City TYLER	State Zip Code TX 75703	Transaction ID : SA11AI.5055 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
s	UBTOTAL of Receipts This Page (optional)		300.00
T	OTAL This Period (last page this line number of	nly)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	PAGE	=	7	OF	38			
(che								
X	11a	11b		11c		12	2	
	13	14		15		16	6	17

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HO	DSPITAL PAC	
Full Name (Last, First, Middle Initial) JOHNATHAN BLAU		Date of Receipt
Mailing Address 9132 CHEROKEE TRAIL		07 25 2012
City	State Zip Code	Transaction ID : SA11AI.4989
TYLER	TX 75703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	210.00	
Full Name (Last, First, Middle Initial) 3. JOHNATHAN BLAU		Date of Receipt
Mailing Address 9132 CHEROKEE TRAIL		08 30 2012
City	State Zip Code	Transaction ID : SA11AI.5030
TYLER	TX 75703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) TROY CALLENDER		Date of Receipt
Mailing Address 3413 GOLDEN ROAD		07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code TX 75701	Transaction ID : SA11AI.4984
TYLER	TX 75701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	137.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	711.00	
SUBTOTAL of Receipts This Page (optional)		197.00
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)									
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	13		14		15		16	;	17

name and address of any political committee to	solicit contributions from such committee.
SPITAL PAC	
	Date of Receipt
	07 25 2012
State Zip Code	Transaction ID : SA11AI.5016
TX 75701	Amount of Each Receipt this Period
C	137.00
Occupation	
PHYSICIAN	
Aggregate Year-to-Date ▼	
848.00	
	Date of Receipt
	08 30 2012
•	Transaction ID : SA11AI.5058
1X /5/01	Amount of Each Receipt this Period
C	137.00
Occupation PHYSICIAN	
Aggregate Year-to-Date ▼	
985.00	
	Date of Receipt
	07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
·	Transaction ID : SA11AI.4959
17 75762	Amount of Each Receipt this Period
C	389.00
Occupation	
Aggregate Year-to-Date ▼	
2036.00	
	663.00
only)	
	State Zip Code TX 75701 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ State Zip Code TX 75701 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ State Zip Code TX 75701 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ State Zip Code TX 75762 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ Occupation PHYSICIAN Aggregate Year-to-Date ▼

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	PAGE		9	OF	38				
(check only one)									
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	13		14		15		16	,	17

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HOS	SPITAL PAC	
Α.	Full Name (Last, First, Middle Initial) AARON CALODNEY Mailing Address 17909 CR 132		Date of Receipt
	City	State Zip Code	07 25 2012
	FLINT	TX 75762	Transaction ID : SA11AI.4990 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	389.00
	Name of Employer	Occupation	
	SELF EMPLOYED	PHYSICIAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2425.00	
В.	Full Name (Last, First, Middle Initial) AARON CALODNEY		Date of Receipt
	Mailing Address 17909 CR 132		08 30 / Y = Y = Y = Y
	City	State Zip Code TX 75762	Transaction ID : SA11AI.5033
	FEC ID number of contributing federal political committee.	C 73702	Amount of Each Receipt this Period 389.00
	Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2814.00	
<u> </u>	Full Name (Last, First, Middle Initial) JOHN CAMP		Date of Receipt
	Mailing Address 606 CUMBERLAND ROAD		07 01 _2012 _
	City TYLER	State Zip Code TX 75703	Transaction ID : SA11AI.4979 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	282.00
	Name of Employer	Occupation	
	SELF EMPLOYED	PHYSICIAN	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	1473.00	
s	SUBTOTAL of Receipts This Page (optional)		1060.00
Т	OTAL This Period (last page this line number of	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)								
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	13	14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HO	SPITAL PAC	
Full Name (Last, First, Middle Initial) JOHN CAMP Mailing Address 606 CUMBERLAND ROAD		Date of Receipt
City	State Zip Code	07 25 2012 Transaction ID : SA11AI.5011
TYLER EEC ID number of contributing	TX 75703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	282.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1755.00	
Full Name (Last, First, Middle Initial) 3. JOHN CAMP		Date of Receipt
Mailing Address 606 CUMBERLAND ROAD		08 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City TYLER	State Zip Code TX 75703	Transaction ID : SA11AI.5053 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	282.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2037.00	
Full Name (Last, First, Middle Initial) STUART CRUTCHFIELD		Date of Receipt
Mailing Address 2066 CANBERRA COURT		07 01 2012
City TYLER	State Zip Code TX 75701	Transaction ID : SA11AI.4960 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	395.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2063.00	
SUBTOTAL of Receipts This Page (optional)		959.00
TOTAL This Period (last page this line number	<u></u>	

Use separate schedule(s) for each category of the Detailed Summary Page

					PAGE		11	OF	38	
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16	,	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HO	OSPITAL PAC	
Full Name (Last, First, Middle Initial) STUART CRUTCHFIELD Mailing Address 2066 CANBERRA COURT		Date of Receipt
City	State Zip Code	07 25 2012 Transaction ID : SA11AI.4991
TYLER FEC. ID number of contributing	TX 75701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	395.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2458.00	
Full Name (Last, First, Middle Initial) STUART CRUTCHFIELD Mailing Address 2066 CANBERRA COURT		Date of Receipt
City	08 30 2012 Transaction ID : SA11AI.5034	
TYLER	State Zip Code TX 75701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	395.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2853.00	
Full Name (Last, First, Middle Initial) CUY DANIELSON		Date of Receipt
Mailing Address 16950 FM 2661		07 01 2012
City FLINT	State Zip Code TX 75762	Transaction ID : SA11AI.4961 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.00
Name of Employer	Occupation	
SELF EMPLOYED Receipt For:	PHYSICIAN	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 498.00	
SUBTOTAL of Receipts This Page (optional)		873.00
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	•	12	OF	38
(check only one)									
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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT H	IOSPITAL PAC	
Full Name (Last, First, Middle Initial) GUY DANIELSON Mailing Address 16950 FM 2661		Date of Receipt
City FLINT FEC ID number of contributing	State Zip Code TX 75762	7 25 2012 Transaction ID : SA11AI.4992 Amount of Each Receipt this Period 83.00
Receipt For: Primary General	Occupation PHYSICIAN Aggregate Year-to-Date ▼	
Other (specify) ▼ Full Name (Last, First, Middle Initial) GUY DANIELSON Mailing Address 16950 FM 2661	581.00	Date of Receipt 08 30 2012
City FLINT FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 75762 C Occupation	Transaction ID: SA11AI.5035 Amount of Each Receipt this Period 83.00
SELF EMPLOYED Receipt For: Primary General Other (specify) ▼	PHYSICIAN Aggregate Year-to-Date ▼ 664.00	
Full Name (Last, First, Middle Initial) ROBERT DENNIS Mailing Address 1008 WILDER WOOD City	State Zip Code	Date of Receipt 07 01 2012 Transaction ID : SA11AI.4962
FEC ID number of contributing federal political committee.	TX 75703	Amount of Each Receipt this Period 358.00
Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 1881.00	
SUBTOTAL of Receipts This Page (optional)	>	524.00
TOTAL This Period (last page this line numb	per only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOI	PAGE		13	OF	38				
(check only one)									
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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HO	SPITAL PAC	
Full Name (Last, First, Middle Initial) A. ROBERT DENNIS Mailing Address 1008 WILDER WOOD		Date of Receipt
		07 25 _ 2012 _
City	State Zip Code	Transaction ID : SA11AI.4993
TYLER	TX 75703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	358.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	2239.00	
Full Name (Last, First, Middle Initial) ROBERT DENNIS		Date of Receipt
Mailing Address 1008 WILDER WOOD	Old Control of the Co	08 30 2012
City TYLER	State Zip Code TX 75703	Transaction ID : SA11AI.5036
_	10100	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	358.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2597.00	
Full Name (Last, First, Middle Initial) . PAUL DETWEILER		Date of Receipt
Mailing Address 3635 CANYON CREEK CIRC		07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.4963
TYLER	TX 75707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	298.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1551.00	
SUBTOTAL of Receipts This Page (optional)		1014.00
TOTAL This Period (last page this line number	<u></u>	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		14	OF	38
(check only one)									
×	11a		11b		11c		12		
	13		14		15		16		17

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HO	OSPITAL PAC	
Full Name (Last, First, Middle Initial) A. PAUL DETWEILER Mailing Address 3635 CANYON CREEK CIR	CCLE	Date of Receipt
City TYLER FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 75707 C Occupation	7 25 2012 Transaction ID : SA11AI.4994 Amount of Each Receipt this Period 298.00
SELF EMPLOYED Receipt For: Primary General Other (specify) ▼	PHYSICIAN Aggregate Year-to-Date ▼ 1849.00	
Full Name (Last, First, Middle Initial) PAUL DETWEILER Mailing Address 3635 CANYON CREEK CIR		Date of Receipt 08 30 2012
City TYLER FEC ID number of contributing federal political committee.	State Zip Code TX 75707	Transaction ID : SA11AI.5037 Amount of Each Receipt this Period 298.00
Name of Employer SELF EMPLOYED Receipt For:	Occupation PHYSICIAN Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2147.00	
Full Name (Last, First, Middle Initial) KIM FOREMAN Mailing Address 107 BELMEAD LANE City	State Zip Code	Date of Receipt 07 01 2012 Transaction ID: SA11AI.4980
FEC ID number of contributing federal political committee.	TX 75701	Amount of Each Receipt this Period
Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 673.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	726.00
TOTAL This Period (last page this line number	er only)	

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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HOS	SPITAL PAC	
Α.	Full Name (Last, First, Middle Initial) KIM FOREMAN Mailing Address 107 BELMEAD LANE		Date of Receipt
	City TYLER	State Zip Code TX 75701	07 25 2012 Transaction ID : SA11AI.5012
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 130.00
	Name of Employer SELF EMPLOYED Receipt For:	Occupation PHYSICIAN	
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 803.00	
В.	Full Name (Last, First, Middle Initial) KIM FOREMAN Mailing Address 107 BELMEAD LANE		Date of Receipt
	City TYLER	State Zip Code TX 75701	08 30 2012 Transaction ID : SA11AI.5054 Amount of Each Receipt this Region
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 130.00
	Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 933.00	
c.	Full Name (Last, First, Middle Initial) HOWARD GARB		Date of Receipt
	Mailing Address 3414 GOLDEN ROAD	7. 0.1	07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City TYLER	State Zip Code TX 75701	Transaction ID : SA11AI.4985 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 646.00	
S	SUBTOTAL of Receipts This Page (optional)		385.00
Т	OTAL This Period (last page this line number of	only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HO	OSPITAL PAC	
Full Name (Last, First, Middle Initial) HOWARD GARB		Date of Receipt
Mailing Address 3414 GOLDEN ROAD		07 25 2012
City TYLER	State Zip Code TX 75701	Transaction ID : SA11AI.5017
FEC ID number of contributing		Amount of Each Receipt this Period
fed rid number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	771.00	
Full Name (Last, First, Middle Initial) 3. HOWARD GARB		Date of Receipt
Mailing Address 3414 GOLDEN ROAD		08 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.5059
TYLER	TX 75701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 896.00	
Full Name (Last, First, Middle Initial) C. GARY GOODFRIED		Date of Receipt
Mailing Address 19140 FALLS CREEK		07 01 _ 2012 _
City	State Zip Code	Transaction ID : SA11AI.4964
FLINT	TX 75762	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	377.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1977.00	
SUBTOTAL of Receipts This Page (optional)	•	627.00
TOTAL This Period (last page this line numbe		

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT H	OSPITAL PAC	
Full Name (Last, First, Middle Initial) GARY GOODFRIED Mailing Address 19140 FALLS CREEK		Date of Receipt
City FLINT	State Zip Code TX 75762	07 25 2012 Transaction ID : SA11AI.4995 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	377.00
SELF EMPLOYED Receipt For:	PHYSICIAN Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2354.00	
Full Name (Last, First, Middle Initial) GARY GOODFRIED Mailing Address 19140 FALLS CREEK		Date of Receipt
City FLINT	State Zip Code TX 75762	08 30 2012 Transaction ID : SA11AI.5038 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	377.00
Name of Employer SELF EMPLOYED Receipt For:	Occupation PHYSICIAN	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2731.00	
Full Name (Last, First, Middle Initial) CHARLES GORDON		Date of Receipt
Mailing Address 7302 HOLLYTREE DRIVE City	State Zip Code	07 01 2012 Transaction ID : SA11AI.4965
TYLER	TN 75703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	403.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2108.00	
SUBTOTAL of Receipts This Page (optional).	•	1157.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HO	SPITAL PAC	
Full Name (Last, First, Middle Initial) CHARLES GORDON Mailing Address 7302 HOLLYTREE DRIVE		Date of Receipt
Maining Address 7302 HOLLY I REE DRIVE		07 25 2012
City	State Zip Code	Transaction ID : SA11AI.4996
TYLER	TN 75703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	403.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2511.00	
Full Name (Last, First, Middle Initial) CHARLES GORDON		Date of Receipt
Mailing Address 7302 HOLLYTREE DRIVE	Character Tr. C. I	08 30 2012
City TYLER	State Zip Code TN 75703	Transaction ID : SA11AI.5039
_		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	403.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2914.00	
Full Name (Last, First, Middle Initial) THOMAS GRAHAM		Date of Receipt
Mailing Address 533 WILDER WAY		07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.4966
TYLER	TN 75703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	389.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2036.00	
SUBTOTAL of Receipts This Page (optional)		1195.00
TOTAL This Period (last page this line number	<u></u>	

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HC	SPITAL PAC	
Full Name (Last, First, Middle Initial) THOMAS GRAHAM Mailing Address 523 MILDER WAY		Date of Receipt
Mailing Address 533 WILDER WAY		07 25 2012
City TYLER	State Zip Code TN 75703	Transaction ID : SA11AI.4997
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 389.00
Name of Employer SELF EMPLOYED Receipt For:	Occupation PHYSICIAN Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2425.00	
Full Name (Last, First, Middle Initial) THOMAS GRAHAM Mailing Address 533 WILDER WAY		Date of Receipt
City TYLER	State Zip Code TN 75703	08 30 2012 Transaction ID : SA11AI.5040 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	389.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2814.00	
Full Name (Last, First, Middle Initial) DUANE GRIFFITH		Date of Receipt
Mailing Address 7113 TURNBERRY CIRCLE		07 01 2012 _
City TYLER	State Zip Code TX 75703	Transaction ID : SA11AI.4987 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	113.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 594.00	
SUBTOTAL of Receipts This Page (optional)		891.00
TOTAL This Period (last page this line number	only)	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HC	SPITAL PAC	
Full Name (Last, First, Middle Initial) DUANE GRIFFITH Mailing Address 7113 TURNBERRY CIRCLE		Date of Receipt
City TYLER	State Zip Code TX 75703	07 25 2012 Transaction ID : SA11AI.5019 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount or Each Receipt this Period
Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify) —	Occupation PHYSICIAN Aggregate Year-to-Date ▼	
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. DUANE GRIFFITH	707.00	Date of Receipt
Mailing Address 7113 TURNBERRY CIRCLE City	08 30 2012 Transaction ID : SA11AI.5061	
FEC ID number of contributing federal political committee.	TX 75703	Amount of Each Receipt this Period 113.00
Name of Employer SELF EMPLOYED Receipt For:	Occupation PHYSICIAN	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 820.00	
Full Name (Last, First, Middle Initial) MARK HACKBARTH		Date of Receipt
Mailing Address 3630 CANYON CREEK CIRC		07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City TYLER	State Zip Code TX 75707	Transaction ID : SA11AI.4967 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	171.00
Name of Employer SELF EMPLOYED Receipt For:	Occupation PHYSICIAN	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 897.00	
SUBTOTAL of Receipts This Page (optional)		397.00
TOTAL This Period (last page this line number	only)	

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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HOS	SPITAL PAC	
Α.	Full Name (Last, First, Middle Initial) MARK HACKBARTH Mailing Address 3630 CANYON CREEK CIRCLE	.E	Date of Receipt
	City TYLER	State Zip Code TX 75707	07 25 2012 Transaction ID : SA11AI.4998
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 1068.00	
В.	Full Name (Last, First, Middle Initial) MARK HACKBARTH Mailing Address 3630 CANYON CREEK CIRCL		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City TYLER	State Zip Code TX 75707	Transaction ID : SA11AI.5041 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	171.00
	Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1239.00	
 С.	Full Name (Last, First, Middle Initial) JAMES HARRIS		Date of Receipt
	Mailing Address 9243 CHISHOLM TRAIL		07 01 2012
	City TYLER	State Zip Code TX 75703	Transaction ID : SA11AI.4968 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer SELF EMPLOYED Receipt For:	Occupation PHYSICIAN	
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
s	SUBTOTAL of Receipts This Page (optional)	····	442.00
Т	OTAL This Period (last page this line number of	only)	

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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HOS	SPITAL PAC	
Α.	Full Name (Last, First, Middle Initial) JAMES HARRIS Mailing Address 9243 CHISHOLM TRAIL		Date of Receipt
	City	State Zip Code	07 25 2012 Transaction ID : SA11AI.4999
	TYLER FEC ID number of contributing federal political committee.	TX 75703	Amount of Each Receipt this Period
	Name of Employer SELF EMPLOYED Receipt For:	Occupation PHYSICIAN	
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
В.	Full Name (Last, First, Middle Initial) JAMES HARRIS Mailing Address 9243 CHISHOLM TRAIL		Date of Receipt
	City	State Zip Code	08 30 2012 Transaction ID : SA11AI.5042
	TYLER FEC ID number of contributing federal political committee.	TX 75703	Amount of Each Receipt this Period
	Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
c.	Full Name (Last, First, Middle Initial) STEUART HEATON		Date of Receipt
	Mailing Address 3413 GOLDEN ROAD	7.0.1	07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	TYLERT	State Zip Code TX 75701	Transaction ID : SA11AI.4983 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	83.00
	Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 498.00	
s	UBTOTAL of Receipts This Page (optional)		283.00
Т	OTAL This Period (last page this line number of	only)	

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT H	IOSPITAL PAC	
Full Name (Last, First, Middle Initial) A. STEUART HEATON Mailing Address 3413 GOLDEN ROAD		Date of Receipt
City TYLERT FEC ID number of contributing federal political committee. Name of Employer SELF EMPLOYED Receipt For: □ Primary □ General □ Other (specify) ▼	State Zip Code TX 75701 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ 581.00	7 25 2012 Transaction ID : SA11AI.5015 Amount of Each Receipt this Period 83.00
Full Name (Last, First, Middle Initial) STEUART HEATON Mailing Address 3413 GOLDEN ROAD City TYLERT FEC ID number of contributing federal political committee. Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify)	State Zip Code TX 75701 C Occupation PHYSICIAN Aggregate Year-to-Date ▼	Date of Receipt 08 30 2012 Transaction ID: SA11AI.5057 Amount of Each Receipt this Period 83.00
Full Name (Last, First, Middle Initial) JEFF HUNTER Mailing Address 3415 GOLDEN ROAD City TYLER FEC ID number of contributing federal political committee. Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify)	State Zip Code TX 75701 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ 525.00	Date of Receipt 07 01 2012 Transaction ID : SA11AI.4986 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	>	266.00
TOTAL This Period (last page this line numb	per only)	

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT H	OSPITAL PAC	
Full Name (Last, First, Middle Initial) JEFF HUNTER Mailing Address 3415 GOLDEN ROAD		Date of Receipt
City TYLER	State Zip Code TX 75701	07 25 2012 Transaction ID : SA11AI.5018 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	100.00
SELF EMPLOYED Receipt For: Primary General	PHYSICIAN Aggregate Year-to-Date ▼	
Other (specify) ▼	625.00	
Full Name (Last, First, Middle Initial) 3. JEFF HUNTER Mailing Address 3415 GOLDEN ROAD		Date of Receipt 08 30 2012
City TYLER	State Zip Code TX 75701	Transaction ID : SA11AI.5060 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer SELF EMPLOYED Receipt For:	Occupation PHYSICIAN	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 725.00	
Full Name (Last, First, Middle Initial) MATT JONES		Date of Receipt
Mailing Address 3414 GOLDEN ROAD City	State Zip Code	07 01 2012 Transaction ID : SA11Al.4982
TYLER	TX 75701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.00
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 498.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	283.00
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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT H	IOSPITAL PAC	
Full Name (Last, First, Middle Initial) MATT JONES Mailing Address 3414 GOLDEN ROAD		Date of Receipt
City TYLER FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 75701 C Occupation	7 25 2012 Transaction ID : SA11AI.5014 Amount of Each Receipt this Period 83.00
SELF EMPLOYED Receipt For: Primary General Other (specify)	PHYSICIAN Aggregate Year-to-Date ▼ 581.00	
Full Name (Last, First, Middle Initial) MATT JONES Mailing Address 3414 GOLDEN ROAD		Date of Receipt 08 30 2012
City TYLER FEC ID number of contributing federal political committee.	State Zip Code TX 75701	Transaction ID : SA11AI.5056 Amount of Each Receipt this Period 83.00
Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 664.00	
Full Name (Last, First, Middle Initial) JON LEDLIE Mailing Address 6166 QUAIL CREEK City	State Zip Code	Date of Receipt 07 01 2012 Transaction ID: SA11AI.4969
TYLER FEC ID number of contributing federal political committee. Name of Employer	C Occupation	Amount of Each Receipt this Period 167.00
SELF EMPLOYED Receipt For: Primary General Other (specify)	PHYSICIAN Aggregate Year-to-Date ▼ 1002.00	
SUBTOTAL of Receipts This Page (optional)	>	333.00
TOTAL This Period (last page this line numb	er only)	

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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.					
\rangle	NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HOS	SPITAL PAC						
١.	Full Name (Last, First, Middle Initial) JON LEDLIE		Date of Receipt					
	Mailing Address 6166 QUAIL CREEK		07 25 2012					
	City	State Zip Code	Transaction ID : SA11AI.5000					
	TYLER	TX 75703	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	167.00					
	Name of Employer SELF EMPLOYED	Occupation PHYSICIAN						
	Receipt For:	Aggregate Year-to-Date ▼						
	Primary General Other (specify) ▼	1169.00						
3.	Full Name (Last, First, Middle Initial) JON LEDLIE		Date of Receipt					
	Mailing Address 6166 QUAIL CREEK		08 30 2012					
	City	State Zip Code	Transaction ID : SA11AI.5043					
	TYLER	TX 75703	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	167.00					
	Name of Employer SELF EMPLOYED	Occupation PHYSICIAN						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1336.00						
).	Full Name (Last, First, Middle Initial) JAMES MICHAELS		Date of Receipt					
	Mailing Address 2013 HOLLY CREEK DR.		07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State Zip Code	Transaction ID : SA11AI.4970					
	TYLER	TX 75703	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	391.00					
	Name of Employer	Occupation						
	SELF EMPLOYED	PHYSICIAN						
	Receipt For: Primary General	Aggregate Year-to-Date ▼						
	Other (specify) ▼	2046.00						
s	UBTOTAL of Receipts This Page (optional)		725.00					
Т	OTAL This Period (last page this line number of	only)	7					

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT H	OSPITAL PAC	
Full Name (Last, First, Middle Initial) JAMES MICHAELS Mailing Address 2013 HOLLY CREEK DR.		Date of Receipt
City TYLER FEC ID number of contributing federal political committee. Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify)	State Zip Code TX 75703 C Occupation PHYSICIAN Aggregate Year-to-Date ▼	7 25 2012 Transaction ID : SA11AI.5001 Amount of Each Receipt this Period 391.00
Full Name (Last, First, Middle Initial) JAMES MICHAELS Mailing Address 2013 HOLLY CREEK DR. City TYLER FEC ID number of contributing federal political committee.	State Zip Code TX 75703	Date of Receipt 08 30 2012 Transaction ID : SA11AI.5044 Amount of Each Receipt this Period 391.00
Name of Employer SELF EMPLOYED Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 2828.00	
Full Name (Last, First, Middle Initial) JOHN PRIDDY Mailing Address 17950 TIMOTHY CT. City TYLER FEC ID number of contributing federal political committee.	State Zip Code TX 75703	Date of Receipt 07 01 2012 Transaction ID : SA11AI.4978 Amount of Each Receipt this Period 184.00
Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 966.00	
SUBTOTAL of Receipts This Page (optional).	>	966.00
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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT H	OSPITAL PAC				
Full Name (Last, First, Middle Initial) JOHN PRIDDY Mailing Address 17950 TIMOTHY CT.		Date of Receipt			
City TYLER	State Zip Code TX 75703	07 25 2012 Transaction ID : SA11AI.5010 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	184.00			
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00				
Full Name (Last, First, Middle Initial) JOHN PRIDDY Mailing Address 17950 TIMOTHY CT.		Date of Receipt 08 30 2012			
City TYLER	State Zip Code TX 75703	Transaction ID : SA11AI.5052 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	184.00			
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1334.00				
Full Name (Last, First, Middle Initial) . TODD RAABE		Date of Receipt			
Mailing Address 16987 FM 756	O	07			
City WHITEHOUSE	State Zip Code TX 75791	Transaction ID : SA11AI.4971 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	501.00			
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2622.00				
SUBTOTAL of Receipts This Page (optional).	•	869.00			
TOTAL This Period (last page this line numb	er only)				

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HOS	SPITAL PAC	
Full Name (Last, First, Middle Initial) TODD RAABE		Date of Receipt
Mailing Address 16987 FM 756		07 25 2012
City WHITEHOUSE	State Zip Code TX 75791	Transaction ID : SA11AI.5003
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	501.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	3123.00	
Full Name (Last, First, Middle Initial) 3. TODD RAABE	Date of Receipt	
Mailing Address 16987 FM 756	08 30 2012	
City	State Zip Code	Transaction ID : SA11AI.5045
WHITEHOUSE	TX 75791	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	501.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3624.00	
Full Name (Last, First, Middle Initial) C. MARK RENFRO		Date of Receipt
Mailing Address 2737 OLD BULLARD ROAD		07 01 2012
City	State Zip Code	Transaction ID : SA11AI.4972
TYLER	TX 75701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	313.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1635.00	
SUBTOTAL of Receipts This Page (optional)		1315.00
TOTAL This Period (last page this line number of		

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	: 3	30	OF	38		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HO	SPITAL PAC	
Full Name (Last, First, Middle Initial) MARK RENFRO Mailing Address 2737 OLD BULLARD ROAD		Date of Receipt
		07 25 2012
City	State Zip Code	Transaction ID : SA11AI.5004
TYLER	TX 75701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	313.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1948.00	
Full Name (Last, First, Middle Initial) MARK RENFRO	Date of Receipt	
Mailing Address 2737 OLD BULLARD ROAD	71.0	08 30 2012
City	State Zip Code	Transaction ID : SA11AI.5046
TYLER	TX 75701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	313.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2261.00	
Full Name (Last, First, Middle Initial) . MICHAEL RUSSELL		Date of Receipt
Mailing Address 5930 BRIXWORTH		07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.4973
TYLER	TX 75703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	373.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1959.00	
SUBTOTAL of Receipts This Page (optional)	•	999.00
TOTAL This Period (last page this line number	<u> </u>	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HO	DSPITAL PAC				
Full Name (Last, First, Middle Initial) A. MICHAEL RUSSELL Mailing Address 5930 BRIXWORTH		Date of Receipt			
City TYLER FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 75703 C Occupation	7 25 2012 Transaction ID : SA11AI.5005 Amount of Each Receipt this Period 373.00			
SELF EMPLOYED Receipt For: Primary General Other (specify) ▼	PHYSICIAN Aggregate Year-to-Date ▼ 2332.00				
Full Name (Last, First, Middle Initial) 3. MICHAEL RUSSELL Mailing Address 5930 BRIXWORTH	Date of Receipt 08 30 2012				
City TYLER FEC ID number of contributing federal political committee.	State Zip Code TX 75703	Transaction ID : SA11AI.5047 Amount of Each Receipt this Period 373.00			
Name of Employer SELF EMPLOYED Receipt For: Primary General	Occupation PHYSICIAN Aggregate Year-to-Date ▼				
Other (specify) ▼ Full Name (Last, First, Middle Initial)	2705.00				
Mailing Address 6407 HOLLYTREE CIRCLE City	State Zip Code	Date of Receipt 07 01 2012 Transaction ID: SA11AI.4975			
TYLER FEC ID number of contributing federal political committee.	TN 75703	Amount of Each Receipt this Period 83.00			
Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 498.00				
SUBTOTAL of Receipts This Page (optional)		829.00			
TOTAL This Period (last page this line numbe	r only)				

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HO	DSPITAL PAC				
Full Name (Last, First, Middle Initial) WILLIAM SCHREIBER Mailing Address 6407 HOLLYTREE CIRCLE		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y			
City TYLER FEC ID number of contributing federal political committee.	State Zip Code TN 75703	07 25 2012 Transaction ID : SA11AI.5007 Amount of Each Receipt this Period 83.00			
Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 581.00				
Full Name (Last, First, Middle Initial) WILLIAM SCHREIBER Mailing Address 6407 HOLLYTREE CIRCLE	Date of Receipt 08 30 2012				
City TYLER FEC ID number of contributing federal political committee.	State Zip Code TN 75703	Transaction ID : SA11AI.5049 Amount of Each Receipt this Period 83.00			
Name of Employer SELF EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 664.00				
Full Name (Last, First, Middle Initial) JERRY SCHWARZBACH Mailing Address 8304 COLUMBIA DRIVE City	State Zip Code	Date of Receipt 07 01 2012 Transaction ID : SA11AI.4976			
TYLER FEC ID number of contributing federal political committee. Name of Employer SELF EMPLOYED	TX 75703 C Occupation PHYSICIAN	Amount of Each Receipt this Period 100.00			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00				
SUBTOTAL of Receipts This Page (optional)	>	266.00			
TOTAL This Period (last page this line number	r only)				

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HO)SPITAL PAC	
Full Name (Last, First, Middle Initial) JERRY SCHWARZBACH Mailing Address 8304 COLUMBIA DRIVE		Date of Receipt
City	State Zip Code	07 25 2012 Transaction ID : SA11AI.5008
TYLER	TX 75703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) JERRY SCHWARZBACH	Date of Receipt	
Mailing Address 8304 COLUMBIA DRIVE	08 30 2012	
City TYLER	State Zip Code TX 75703	Transaction ID: SA11AI.5050
TYLER FEC ID number of contributing federal political committee.	TX 75703	Amount of Each Receipt this Period
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) CLAIRE TIBILETTI		Date of Receipt
Mailing Address 16690 DRIFTWOOD		07 01 2012
City TYLER	State Zip Code TX 75707	Transaction ID : SA11AI.4977 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	167.00
Name of Employer	Occupation	
SELF EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1002.00	
SUBTOTAL of Receipts This Page (optional)		367.00
TOTAL This Period (last page this line number	· only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HOS	SPITAL PAC	
Α.	Full Name (Last, First, Middle Initial) CLAIRE TIBILETTI		Date of Receipt
	Mailing Address 16690 DRIFTWOOD		07 25 2012
	City	State Zip Code	Transaction ID : SA11AI.5009
	TYLER	TX 75707	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	167.00
	Name of Employer	Occupation	
	SELF EMPLOYED	PHYSICIAN	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	1169.00	
В.	Full Name (Last, First, Middle Initial) CLAIRE TIBILETTI		Date of Receipt
	Mailing Address 16690 DRIFTWOOD		08 30 2012
	City	State Zip Code	Transaction ID : SA11AI.5051
	TYLER	TX 75707	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	167.00
	Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
	Receipt For: Primary General	Aggregate Year-to-Date ▼ 1336.00	
	Other (specify) ▼	1336.00	
^	Full Name (Last, First, Middle Initial)		Date of Receipt
Ο.	Mailing Address		M = M / D = D / Y = Y = Y
	City	State Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)		334.00
Т	OTAL This Period (last page this line number of	only)	19245.00

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SCHEDULE B (FEC Form 3X)	Harris A. C. C. C.	FOR LINE NUMBER: PAGE 35 OF 38				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		24 25 26		
	Detailed Summary Page	21b 27		4 25 26 8c 29 30b		
Any information copied from such Reports and Stat	ements may not be sold or use					
or for commercial purposes, other than using the n	ame and address of any politica	al committee to	solicit contributions from	such committee.		
NAME OF COMMITTEE (In Full)						
$ \; angle$ TEXAS SPINE AND JOINT HOS	PITAL PAC					
Full Name (Last, First, Middle Initial)		-				
A. DEB FISCHER FOR US SENATE	Date of Disbursement					
	M M / D D /	Y I Y I Y I Y				
Mailing Address 317 S 12TH			09 05	2012		
City	State Zip Code					
LINCOLN	NE 68508		Transaction ID : SB23	3.5066		
Purpose of Disbursement						
0 F1 N			Amount of Each Disbur	sement this Period		
Candidate Name		Category/		5000.00		
Office Sought: House Disburs	ement For:	Туре				
Senate	Primary General					
President	Other (specify) ▼					
State: NE District: 00	_					
Full Name (Last, First, Middle Initial)			Date of Disbursement			
P DEWHURST FOR TEXAS	DEWHURST FOR TEXAS					
Mailing Address 1210 SAN ANTONIO STREET S	SUITE 700		07 24	2012		
City	State Zip Code		Transaction ID : SB2	3.4957		
AUSTIN Purpose of Disbursement	TX 78767					
,			Amount of Each Disbur	sement this Period		
Candidate Name		Category/		5000 00		
0(6 0		Type		5000.00		
Office Sought: House Disburs	ement For: Primary General					
President	Other (specify)					
State: TX District: 00						
Full Name (Last, First, Middle Initial)						
C. HELLER FOR SENATE			Date of Disbursement			
Mailing Address DO DOV 271227			09 05	2012		
Mailing Address PO BOX 371907			09 05	2012		
City	State Zip Code		Transaction ID : SB2	3 5064		
LAS VEGAS	NV 89137		1141134611011 10 . 302	J.JUU4		
Purpose of Disbursement						
Candidate Name	Catamanul	Amount of Each Disbursement this Period				
		Category/ Type		5000.00		
Office Sought: House Disburs	ement For:	-				
Senate	Primary General					
State: NV District: 00	Other (specify) ▼					
State: NV District: 00						
SUBTOTAL of Disbursements This Page (optional	l			15000.00		
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 36 OF 38				
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	one)			
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		27	28a 28b 28c 29 30b			
Any information copied from such Reports and Stater						
or for commercial purposes, other than using the nan	ne and address of any political	committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)	ITAL DAG					
$ \hspace{.05cm} \rangle$ TEXAS SPINE AND JOINT HOSP	ITAL PAC					
Full Name (Last, First, Middle Initial)						
A. MATT FOR TEXAS	Date of Disbursement					
	M M / D D / Y Y Y Y					
Mailing Address			08 21 2012			
Cit.	Otata Zin Cada					
City	State Zip Code TX		Transaction ID : SB23.5028			
Purpose of Disbursement						
			Amount of Each Disbursement this Period			
Candidate Name	"	Category/	5000.00			
		Type	5000.00			
Office Sought: House Disburser						
Senate	Primary General					
State: President State:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
B. MCCONNELL SENATE COMMITT			Date of Disbursement			
- WCCONNELL SENATE COMMITT	LL 14		M = M / D = D / Y = Y = Y			
Mailing Address PO BOX 1496			08 10 2012			
,	State Zip Code		Transaction ID : SB23.5025			
LOUISVILLE Purpose of Disbursement	KY 40201					
r dipose of bisbursement			Amount of Each Disbursement this Period			
Candidate Name	l	Cotogony				
		Category/ Type	5000.00			
Office Sought: House Disburser	nent For:	71				
∑ Senate	Primary General					
President	Other (specify) ▼					
State: KY District: 00						
Full Name (Last, First, Middle Initial)			Date of Disbursement			
. MONTANANS FOR REHBERG	MONTANANS FOR REHBERG					
Mailing Address PO BOX 1597			09 05 2012			
maming / taurisss O BOX 1001						
City	State Zip Code		Transaction ID : SB23.5062			
HELENA	MT 59624					
Purpose of Disbursement	1					
Candidate Name	l		Amount of Each Disbursement this Period			
		Category/ Type	5000.00			
Office Sought: House Disburser	nent For:	.,,,,				
Senate	Primary General					
President	Other (specify) ▼					
State: MT District: 00						
			45000.00			
SUBTOTAL of Disbursements This Page (optional)		·····	15000.00			
TOTAL This Period (last page this line number only)						

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SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 37 OF 38			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)			
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NAME OF COMMITTEE (In Full)	o and address of any politica	a committee to	CONST. COMMISSIONS HOM SUCH COMMISSION.			
TEXAS SPINE AND JOINT HOSPI	TAL PAC					
I LAAS SI INL AND JOINT HOSEI	IALIAU					
Full Name (Last, First, Middle Initial)						
A. ROMNEY FOR PRESIDENT INC.	Date of Disbursement					
Moiling Address FOR COMMEDCIAL OF			M M / D D / Y Y Y Y			
Mailing Address 585 COMMERCIAL ST.			09 06 2012			
City	State Zip Code		Towns and and ID ODGG 5000			
BOSTON	MA 02109		Transaction ID : SB23.5068			
Purpose of Disbursement						
Candidate Name			Amount of Each Disbursement this Period			
Canuluate Name		Category/ Type	5000.00			
Office Sought: House Disbursen	nent For:	i ype				
	Primary General					
President	Other (specify) ▼					
State: District: 00						
Full Name (Last, First, Middle Initial)						
B. ROMNEY VICTORY INC			Date of Disbursement			
Mailing Address 585 COMMERCIAL STREET			07 01 2012			
Mailing Address 585 COMMERCIAL STREET			01 01 2012			
City	State Zip Code		Transaction ID : SB23.5020			
	MA 02109		11a113a0tion 15 : 0523.3020			
Purpose of Disbursement			Amount of Each Disbursement this Period			
Candidate Name			Amount of Each Disbursement this Feriod			
		Category/ Type	5000.00			
Office Sought: House Disbursen	nent For:					
	Primary General					
_	Other (specify) ▼					
State: District: 00						
Full Name (Last, First, Middle Initial)			Date of Disbursement			
C. TEXANS FOR STRAUS	TEXANS FOR STRAUS					
Mailing Address	09 06 2012					
•	State Zip Code TX		Transaction ID : SB23.5070			
Purpose of Disbursement	-					
Turpose of Bioburdement	Amount of Each Disbursement this Period					
Candidate Name	Category/	Amount of Each disbursement this Feriod				
		Type	5000.00			
Office Sought: House Disbursen						
	Primary General					
	Other (specify) ▼					
State: TX District:						
SUBTOTAL of Disbursements This Page (optional)			15000.00			
COSTOTAL OF DISDUISEMENTS THIS Page (optional)						
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Detailed Summary Page	ITEMIZED DISBURSEMENTS		-	one)	-0 01 00		
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Pull) TEXAS SPINE AND JOINT HOSPITAL PAC Full Name (Lest, First, Middle Initial) A. WILSON FOR SENATE Mailing Address PO BOX 10248 City State Zip Code Amount of Each Disbursement State: NM Disfrict: OD Full Name (Lest, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Primary General Primary General Primary General Primary General Primary General Disbursement State: NM Disfrict: Disfrict: Full Name (Last, First, Middle Initial) Date of Disbursement Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Candidate Name Candidate Name Candidate Name District: Full Name (Last, First, Middle Initial) Date of Disbursement Amount of Each Disbursement this Period Category/ Type District: State: Disbursement Candidate Name Office Sought: House Primary General Primary General Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General District: Substitute: District: Substitute: District: Substitute: District: Substitute: District: Substitute: District: Substitute: District: This Page (optional)			21b	22 🔀 23 🗌 24 📗 25	5 26		
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Pull) TEXAS SPINE AND JOINT HOSPITAL PAC Full Name (Last. First, Middle Initial) A. WILSON FOR SENATE Mailing Address PO BOX 10248 City State Zip Code NM 87184 Purpose of Disbursement Candidate Name Category/ Type District: District: District: District: Purpose of Disbursement Candidate Name City State Zip Code Amount of Each Disbursement his Period Category/ Type Date of Disbursement this Period Amount of Each Disbursement Category/ Type District: Category/ Type District: City State Zip Code Purpose of Disbursement Candidate Name Category/ Type District: Category/ Collice Sought: District: City State Zip Code Purpose of Disbursement Category/ Type District: District: Candidate Name City State Zip Code Purpose of Disbursement Category/ Type District: Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: Candidate Name City State Zip Code Purpose of Disbursement Candidate Name District: Category/ Type Office Sought: District: State Soundate Name Office Sought: District: Substrottle of Disbursement For: Category/ Type Office Sought: District: Substrottle of Disbursement This Pege (optional) Amount of Each Disbursement this Period Category/ Type Office Sought: Soundate Name Other (specify) ▼ State Substrottle of Disbursement this Period Category/ Type Office Sought: Substrottle of Disbursement This Pege (optional) Amount of Each Disbursement this Period Category/ Type District: Substrottle of Disbursement This Pege (optional)			27	28a 28b 28c 29	9 30b		
NAME OF COMMITTEE (In Full) TEXAS SPINE AND JOINT HOSPITAL PAC Full Name (Last, First, Middle Initial) Name (Jost, First, Middle Initial) City ALBUQUERQUE NM State Candidate Name Candidate Name Candidate Name Condidate Name C							
Full Name (Last, First, Middle Initial) A. WILSON FOR SENATE Mailing Address PO BOX 10248 City State Zip Code NM 87184 Purpose of Disbursement Candidate Name Office Sought: House Prisident Prisident Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Amount of Each Disbursement this Period Category/ Type Office Sought: House Prisident Other (specify) ▼ State: District: O Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Office Sought: House President Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Office Sought: House President Other (specify) ▼ State: District: O Other (specify) ▼ State: Distr	1 1 .	ie and address of any politic	al committee to	solicit contributions from such comi	mittee.		
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